

would appear that this is the natural outgrowth of the peculiar interpersonal relationship that is inherent in medical practice.

Doctors are still free to associate themselves in group practice without stigma or sacrifice. When they do, their lives are often more placid and they are often better paid than those doctors in solo practice. But no artificial support of one kind of practice or another, whether through government intervention, propaganda, or subsidy, labor union, employer groups or any other mechanism, is necessary or desirable.

Only in the free competition of the open market may one form or another of medical organization

flower or fade as the consumer patient finds it of greater or lesser value to himself.

Under such freedom, both group and solo medical practice will continue to exist and serve the public. Relative emphasis on one or the other form will shift or vary from good times to bad, from youth to old age, from urban to rural, or from industrial to agricultural. It is proper that this should be so. But artificial "rigging" of this balance offers no promise of increased quality, decreased costs, more widespread and equitable distribution or more satisfactory medical service for the people of California.

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## Federal-State Medical Care

### The Expanded Program for Needy and Near-Needy Aged

CALIFORNIA's participation in the increased amounts of Federal Government money that can be granted to states for medical care of the needy and near-needy aged as provided by a recent amendment to the Social Security Act (H.R. 12580, Public Law 86-778) must be developed in two phases. First, it was possible for California to qualify immediately—effective October 1 this year—for additional funds for the medical care of Old Age Security recipients. The second phase, which provides for the payment of medical bills for persons not receiving Old Age Security payments but who are unable to take care of all of their health expenses, cannot be implemented in California until the State Legislature passes enabling legislation and provides funds to be matched by the Federal Government.

Under the medical care program for Old Age Security recipients, which does not need state legislative action for implementation, the revised Social Security law provides that the Federal Government will contribute half of any amount up to \$12 per person per month that the state pays to medical vendors for care of persons covered by the program. Under the present authorized medical care program in California, between \$6 and \$7 per person per month is being expended. This program provides for certain medical office and home visits and for the purchase of certain prescribed drugs on a limited "approved" list.

In its first discussions of the increased amounts that become available from the Federal Government on a matching basis under the Social Security Act amendment, the California State Department of

Social Welfare recommended to the Medical Care Advisory Committee, on which the California Medical Association has representation, that there are substantial unmet medical care needs, among them: (a) Eye care, (b) dental care, (c) more adequate provision for necessary drugs, (d) provision for some office surgery, (e) some support of rehabilitation services, (f) money for the purchase of prostheses and assistive devices, (g) money for the support of coordinated hospital and home care programs, (h) money for the support of some home nursing service under the supervision of physicians.

The information available convinced the Advisory Committee that all of these areas appear to be worthy of support. The Department of Social Welfare is to develop estimates of the cost of providing these various services and to formulate necessary rules to control the program both as to quality and budgetary limits. The date when these additional areas of medical care can be entered will depend upon many factors. It is reported that perhaps the earliest addition to the program would be eye care.

The federal law provides that these programs shall be developed on a state-wide plan and administered by a single agency in the state. In California, the agency of administration is the State Department of Social Welfare. The amendments specified that the following types of care and services for the needy and near-needy individuals 65 or over shall be provided:

Inpatient hospital services; skilled nursing home services; physicians' services; outpatient or clinic services; home care services; private

duty nursing services; physical therapy and related services; dental services; laboratory and x-ray services; prescribed drugs, eyeglasses, dentures and prosthetic devices; diagnostic screening and preventive services, and any other medical care or remedial care recognized under state law.

In California, inpatient hospital services are not provided under this plan for Old Age Security recipients, since this care is available through county hospitals.

These amendments to the Social Security Act met with the approval of the A.M.A.'s prime criteria

that any plan should be voluntary and tailored to help those who need it and should have participation by state or county. As the present program is liberalized in California in the next few months, it is anticipated that the various county medical societies will be called upon by the medical directors of the county welfare departments to assist in its proposed development.

Representatives of the profession will be called upon in the months ahead to assist in developing the second phase of the program. The law is broad enough so that such a program might be developed on a prepaid basis.

## **In Memoriam**

ALBERTY, WATIE MURRELL. Died August 5, 1960, aged 67. Graduate of the University of Kansas School of Medicine, Lawrence-Kansas City, 1917. Licensed in California in 1921. Doctor Alberty was a retired member of the San Diego County Medical Society and the California Medical Association, and an associate member of the American Medical Association.

BUELL, ARTHUR WHITTON. Died in Long Beach, September 4, 1960, aged 80. Graduate of the New York Medical College, Flower and Fifth Avenue Hospitals, New York, 1908. Licensed in California in 1908. Doctor Buell was a member of the Los Angeles County Medical Association.

CRESS, WALTER WILLIAM. Died August 13, 1960, aged 75. Graduate of the University of Illinois College of Medicine, Chicago, 1912. Licensed in California in 1913. Doctor Cress was a member of the Sacramento Society for Medical Improvement.

HALL, GEORGE JOYCE. Died in Sacramento, August 4, 1960, aged 72. Graduate of Cooper Medical College, San Francisco, 1912. Licensed in California in 1912. Doctor Hall was a member of the Sacramento Society for Medical Improvement.

HARNER, CLYDE ERNEST. Died in San Diego, June 3, 1960, aged 65, of portal cirrhosis. Graduate of the University of Colorado School of Medicine, Denver, 1920. Licensed in California in 1925. Doctor Harner was a retired member of the Riverside County Medical Association and the California Medical Association, and an associate member of the American Medical Association.

LOOS, H. CLIFFORD. Died in Los Angeles, August 30, 1960, aged 78. Graduate of Cooper Medical College, San Francisco, 1905. Licensed in California in 1905. Doctor Loos was a member of the Los Angeles County Medical Association.

MILLS, LLOYD. Died in Rancho Santa Fe, August 12, 1960, aged 80. Graduate of Harvard Medical School, Boston, Mas-

sachusetts, 1902. Licensed in California in 1913. Doctor Mills was a member of the Los Angeles County Medical Association, a life member of the California Medical Association, and a member of the American Medical Association.

MOHR, CHARLES FRANKLIN. Died in San Diego, August 21, 1960, aged 55. Graduate of the George Washington University School of Medicine, Washington, D.C., 1931. Licensed in California in 1952. Doctor Mohr was a member of the San Diego County Medical Society.

MUGFORD, IRENE KNOX. Died August 11, 1960, aged 61. Graduate of Stanford University School of Medicine, Stanford-San Francisco, 1927. Licensed in California in 1927. Doctor Mugford was an associate member of the Sacramento Society for Medical Improvement.

POTTS, ENOS A. Died in Riverside, August 9, 1960, aged 69. Graduate of the College of Medical Evangelists, Loma Linda-Los Angeles, 1922. Licensed in California in 1922. Doctor Potts was a member of the Los Angeles County Medical Association.

ROSE, CARL T. Died in San Francisco, August 18, 1960, aged 65, of cancer. Graduate of Baylor University College of Medicine, Houston, Texas, 1916. Licensed in California in 1921. Doctor Rose was a member of the San Francisco County Medical Society.

RUMMELL, ROBERT JEFFERSON. Died in Livermore, July 6, 1960, aged 63, of acute myocardial infarction. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1922. Licensed in California in 1952. Doctor Rummell was a member of the Alameda-Contra Costa Medical Association.

SMITH, W. (WILLIAM) JEWELL. Died in Fresno, September 12, 1960, aged 60. Graduate of Northwestern University Medical School, Chicago, Illinois, 1929. Licensed in California in 1929. Doctor Smith was a member of the Fresno County Medical Society.